

## Strategic Directions for the Women's Wellness Connection

**Goal:** Modify the Women's Wellness Connection program to continue to provide, promote and ensure quality breast and cervical cancer screening, and related resources, for underserved women in Colorado.

### Why is modifying the WWC program valuable and important?

- **Underserved women continue to need breast and cervical cancer screenings through WWC.**
  - Early detection reduces the public cost burden of treatment for breast and cervical cancer.
  - WWC has served more than 17,000 women annually, about 20% of eligible women in CO.
  - Medicaid expansion is reducing the number of women eligible for WWC by 50-75%. This is an opportunity to redefine/reach out to "underserved" women and further reach WWC's goals of reducing breast and cervical cancer morbidity and mortality rates, and increasing equity in screening, identification, and treatment of breast and cervical cancer.

**Budget Perspective:** WWC can expand the program in FY 15 using currently allocated funds.

### What are the recommendations for strategic directions in the WWC program that might help alleviate the remaining gaps in service and areas of need in the post-health care reform environment?

1. **Screen women ages 30-64 for cervical cancer (pending HCPF/BCCP Medicaid).**
  - Women ages 30-39 have nearly the same incidence of cervical cancer as women ages 40-64.
  - There are virtually no funding sources to cover the cost of diagnostic tests or treatment for women under 40 who make between 138-250% FPL.
  - Younger women are more frequently lost to follow-up due to the high cost of diagnostic tests and treatment.
  - Federal guidelines recommend routine Pap screenings for women beginning at age 21, and routine Pap/HPV co-testing beginning at age 30.
2. **Provide care coordination to otherwise-eligible WWC clients enrolled in Medicaid and insurance.**
  - The current health care system is complex and confusing. Many of the newly eligible and newly insured need additional help navigating this system, especially during the health care reform transition period.
  - Care coordination includes "patient navigation" (e.g., navigating all patients to screening) and "case management" (e.g., navigating patients with abnormal results to diagnostics/treatment)
3. **Enhance outreach and education activities for hard-to-reach populations.**
  - Identify areas with highest concentrations of clients via data analysis.
  - Provide technical assistance in the areas of communication, marketing, and outreach.
  - Fund pilot grants for WWC service delivery providers and other organizations with expertise in community outreach to provide local outreach to both potential WWC clients and non-WWC providers.
4. **Increase training and collaboration activities through regional and statewide conferences.**
  - Regional "WWC Road Shows" are already scheduled for Fiscal Year 2015
5. **Assess and improve WWC program to enable adaptive responses during health reform transition.**
  - Streamline WWC procedures, especially for small agencies.
  - Provide support to agencies/regions with unique needs, e.g., infrastructure, equipment, transportation, health systems change, etc.
  - Engage in continuous needs assessment to ensure WWC stakeholder needs are met.